

2024 SR. CASA SUMMER CAMP APPLICATION – York Mills Campus

_____ D.O.B: ____/____/____ Class: _____
 Child's Surname First Name Age MM DD YY

 Street Address City Postal Code (____) Home Phone #

Allergy / Asthma / Other Medical & Food Restrictions (attach sheet if necessary)

Epipen required
 Medication
 Immunization form attached

_____ (____) _____ (____) _____
 1st Parent/ Guardian Name Bus. Phone # Cell Phone # Email Address
 _____ (____) _____ (____) _____
 2nd Parent/ Guardian Name Bus. Phone # Cell Phone # Email Address
 _____ _____ (____) _____
 Doctor Name Address Phone #
 _____ (____) _____ (____) _____
 Emergency Contact / Pickup Name Home Phone # Bus. Phone # Cell Phone #

Program & Payment Details

SESSIONS

1: July 2 - 12
 #2: July 15 - 26
 #3: July 29 – Aug. 9
 #4: Aug. 12 – 23

STATUTORY HOLIDAYS (camp is closed): July 1 and August 5, 2024

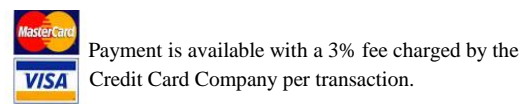
PROGRAM INFORMATION

Full-Day
 Half-Day (a.m.)
 Half-Day (p.m.)
 Optional Lunch for Half-Day - \$90 per session
 Extended Hours (5 – 6 p.m.) - \$50 per session

PAYMENT RECEIVED

Session # 1, 2, 3, 4, All (circle applicable sessions) = \$ _____
 Extended Hours (\$50 per session) = \$ _____
 Other: _____ = \$ _____
Total Payment Attached \$ _____

Method of Payment: cash cheque credit card



TO ENSURE PLACEMENT FOR YOUR CHILD, THIS FORM MUST BE RECEIVED WITH ALL PAYMENTS BY WEDNESDAY, MAY 1, 2024.

2024 CASA SUMMER CAMP APPLICATION (continued)

- I/we hereby apply for registration for the herein-named child for the summer camp sessions as indicated on the first page of this application form and give consent to receive email/electronic communications from **CMS**.
- I/we confirm that I/we are **ALL** and the **ONLY** parent(s) and/or guardian(s) of the child.
- I/we have enclosed a payment of **two hundred dollars (\$200) as a deposit** dated **June 1, 2024** and understand that this will only be deducted from the last payment upon completion of a 2 week, 4 week, 6 week or 8 week commitment. Otherwise, the deposit is **non-refundable**.
- I/we have also **enclosed post-dated cheques** for payment in full for the session(s) I/we have registered my child in.
- In the event of an accident or illness involving my child, while my child is at the summer child care/school, I/we authorize the administration of any medical procedure deemed necessary by a qualified physician or hospital emergency department, including anesthetic.
- I/we understand that during the course of my child's daily activities in the summer camp/school, injuries may occur. I/we hereby agree to release and indemnify CMS, and its affiliates, from any and all claims and damages arising as a result of any accident, injury or incident involving my/our child, arising from participating in any school activities that are NOT caused as a result of the direct negligent act/omission of CMS and/or any of its staff.
- I/we consent to the use by CMS of the herein-named child's photograph in the school's materials, promotional brochures, website, Instagram, or online advertising or news media.

NOTE: We are closed for statutory holidays on **July 1 & August 5, 2024**.

- I/we acknowledge that I/we agree to give two (2) weeks written notice before **ALL** the sessions begin if I/we want to withdraw my child from summer camp during the sessions.

Parent (1)'s /Legal Guardian's Signature: _____

Parent (2)'s/Legal Guardian's Signature: _____

Date: _____